United Nations A/C.6/59/SR.11

General Assembly
Fifty-ninth session

Official Records

Distr.: General
14 January 2005

Original: English

Sixth Committee

Summary record of the 11th meeting
Held at Headquarters, New York, on Thursday, 21 October 2004, at 10 a.m.

Chairman: Mr. Bennouna ..... (Morocco)
later: Mr. Dhakal (Vice-Chairman) ..... (Nepal)

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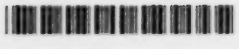
04-56482 (E)



The meeting was called to order at 10.15 a.m.

Agenda item 150: International convention against the reproductive cloning of human beings
(A/C.6/59/L.2 and L.8; A/C.6/59/INF/1)

1. **Mr. Tovar** (Costa Rica), introducing the draft resolution on an international convention against human cloning (A/C.6/59/L.2) on behalf of the original sponsors and Georgia, Ireland, Kazakhstan and Uzbekistan, said that the international community must decide whether to opt for utilitarian ethics allowing therapeutic cloning, in other words the deliberate creation of human embryos which would be destroyed for the purposes of scientific experiments, or whether to cleave to humanist ethics resting on respect for the individual in all circumstances. His Government took the view that human beings must take priority, although it was wholeheartedly in favour of scientific and medical advances, within ethical limits, which made it possible to cure disease.

2. It had, however, to be remembered that if some new technologies, like human cloning, fell into the wrong hands they could be used to violate human rights and dignity by turning human beings into no more than manufactured objects. All cloning was an affront to human dignity and to the dignity of women. That technique also endangered the lives of women donating ova. Human embryos should not be treated like objects, for there was no essential difference between an embryo, a foetus, a child, a young person or an adult, and they should not therefore be destroyed to satisfy scientific curiosity. Moreover, experimental cloning was unnecessary, since recent cases had shown that adult stem cells could cure the same diseases as those which the proponents of therapeutic cloning were seeking to treat. Allowing experimental cloning would create conditions in which unscrupulous scientists might attempt reproductive cloning, since the techniques were indistinguishable. The draft resolution therefore drew attention to the inherent dangers of cloning and called for a ban on all research into it and into genetic engineering techniques that might have adverse consequences for human dignity. It further encouraged States to redirect the funds that they would have spent on such research to the fight against the pressing health problems of developing countries. Science must always be at the service of humanity and not vice versa.

3. **Mr. Pecsteen** (Belgium), introducing the draft resolution on an international convention against the reproductive cloning of human beings (A/C.6/59/L.8) on behalf of the original sponsors and France, said that the draft text, which had been submitted in a spirit of compromise, did not necessarily conflict with that introduced by Costa Rica, since it did not rule out the possibility of a State forbidding all forms of human cloning, nor did it recommend therapeutic cloning or seek to justify it; it merely acknowledged the existence of diverging views on the subject, with some countries wishing to safeguard the possibility of further scientific research which might prove a boon to millions of sufferers from incurable diseases, while others had prohibited it. Since the draft text proposed a total ban on reproductive cloning and was based on a common denominator it would receive the support of most States which were conducting scientific research into cloning, whereas the approach recommended in the document introduced by Costa Rica might well result in a convention which would not be endorsed by those States, although their accession was crucial. The text was largely similar to that introduced the previous year, save that it expressly stated that "regulation" also meant strict controls to ensure that the results of therapeutic cloning were not used to advance reproductive cloning. The precise nature of such controls could be specified in the convention.

4. Arriving at a tangible result was a matter of urgency, since some irresponsible scientists had announced their intention of cloning a human being. Against that background it was regrettable that the Committee had been unable to fulfil the mandate given to it in General Assembly resolution 56/93. If the path originally suggested by France and Germany had been followed a convention would already have been adopted. The Committee's objective should be to arrive at a convention ratified by the largest possible number of States, which would make a real practical difference, rather than at a symbolic victory lacking any genuine effect. It would be inadvisable to base international law on a deeply divisive vote which might induce some delegations to shun participation in the drafting of the convention in question, but it was still possible to achieve a consensus, because the sponsors of the draft resolution were open to dialogue and ready to explore any new avenues leading to a compromise text.

5. **Mr. Sinaga** (Indonesia) said that no single issue attracted such passionate attention or was as divisive as

cloning, yet all States wished to ban the reproductive cloning of human beings and to draft an internationally binding instrument to that effect. Such a step was important at a time when some scientists were trying to conduct dangerous experiments in the unnatural, asexual reproduction of human beings, for which there was no justification. The Ad Hoc Committee on an International Convention against the Reproductive Cloning of Human Beings should be reconvened, because an international convention on that subject was urgently required, as was strict supervision of all cloning research, including that which might ultimately prove beneficial to human beings, in order to preserve human dignity. A common position should be sought which was prompted by the best interests of the human race and not its exploitation or degradation. Any initiative to smooth over differences and achieve consensus would be welcome.

6. **Mr. Shin** Kak-soo (Republic of Korea) said that it would be imprudent to take a hasty decision on human cloning. Although ethical aspects should receive serious consideration, there was no justification for a total ban on all forms of human cloning, because therapeutic cloning could potentially give hope to hundreds of millions of sufferers from incurable diseases and injuries. The differences between reproductive and therapeutic cloning were such that therapeutic cloning would not eventually lead to reproductive cloning. The enormous difficulties encountered in animal cloning made successful human cloning virtually impossible. Furthermore, the embryonic stem cells derived from a blastocyst which were used in therapeutic cloning could not properly be regarded as a potential human being and did not yet represent human life.

7. Flexibility was the best way of accommodating the many different religious and moral views about the starting point of human life and so a regulatory system should offer the option of a ban, a moratorium or stringent control of cloning. Therapeutic cloning must be placed under strict State supervision and tight international regulations must be introduced to eliminate cloning havens. In order to preclude the exploitation of women for the extraction of their eggs, it would be necessary for each State to enact laws allowing the donation of human ova, but prohibiting their sale.

8. Adult stem cell research was no substitute for medical cloning because embryonic stem cells could generate tissues without triggering immune rejection. Adult stem cells could provoke immune rejection, they were highly specialized and their potential to regenerate damaged tissue was limited. Embryonic stem cells could produce any of the 210 different types of specialized cells that made up the human body.

9. The wide divisions within the Committee did not augur well for an early start on serious negotiations on a human cloning convention putting in place an enforceable and effective international legal regime for regulating human cloning. It was therefore necessary to find sound factual and legal ground on which a general consensus could first be built. To that end, it would be advisable to hold a scientific conference the following year in order to obtain a more accurate factual picture of human cloning technology and its implications. The Secretariat should also make a compilation of domestic laws and regulations on human cloning and distribute it to all Member States. That process would help the Committee to identify legal means at the domestic or international levels to rule out any possibility of misusing human cloning and would promote agreement as to the next steps to be taken. A practical, gradual approach to such a thorny issue would be more likely to preserve the possibility of alleviating the suffering caused by incurable degenerative diseases through embryonic stem cell research and therapeutic cloning.

10. **Mr. Tajima** (Japan) said that his delegation associated itself with the statement by Belgium on behalf of the sponsors of draft resolution A/C.6/59/L.8. Japan's position was clear and pragmatic. First, an international convention on cloning should be acceptable to as many countries as possible, since it must be universal to be effective. Second, Japan did not support the position that all human cloning should be prohibited, since it felt that it was not appropriate to close the door on future scientific progress that had the potential to save lives threatened by serious diseases. Third, the historical, ethical, cultural and religious traditions of each country should be respected. Its conclusion was that the prohibition in the convention should be limited to reproductive cloning of human beings, on which a consensus existed.

11. In Japan legislation prohibited the production of cloned human individuals, but the Governmental Council of Japan had decided to permit the creation of human embryos by somatic cell nuclear transfer and their utilization for basic research under strict

conditions. After guidelines had been prepared by the ministries concerned, research would commence.

12. Japan was a sponsor of the draft resolution introduced by Belgium because it did not impose one particular view but offered a choice and was therefore more likely to lead to a consensus. His delegation shared the strong desire of many delegations for a convention to be adopted by consensus. Accordingly it thought that no premature action should be taken on the issue and that the members of the Committee should continue to explore ways to achieve consensus by demonstrating flexibility and a cooperative spirit.

13. **Ms. Tuğral** (Turkey), speaking on behalf of the Organization of the Islamic Conference (OIC), said that the mandate setting out the framework for a universally acceptable convention on the issue of human cloning could only be based on consensus. During the fifty-eighth session of the General Assembly the Sixth Committee had been deadlocked between two competing draft resolutions, each sponsored by a large number of countries. It would be in the interest of all delegations to avoid repeating the same deadlock and to strive for a more productive and consensual outcome. A vote on either of the proposals would be divisive, unproductive and inconsistent with the Committee's practice of deciding matters of substance by consensus. Moreover, the ad hoc committee meeting on the basis of such a mandate would face the same opposing views or lose the participation of many delegations. The OIC member States supported a total ban on reproductive cloning of human beings. They would also like to see a consensus on how to deal with all forms of human cloning but did not wish a mandate to be imposed in a way that would undermine the universality of the convention from the outset.

14. **Mr. Andjaba** (Namibia) said that Namibia opposed the reproductive cloning of human beings. It also believed that States with the requisite technology should continue their medical research on therapeutic cloning for the benefit of all humankind. It respected the views of States that wished to ban therapeutic cloning and suggested that those States might impose a comprehensive ban on human cloning through their own national legislation. Since there appeared to be a very broad consensus on the need to ban reproductive cloning and in view of the consensual tradition of the Committee and the consensual nature of conventions negotiated and adopted under the auspices of the United Nations, his delegation hoped that the Committee could proceed on the basis of that consensus and recommend the negotiation and adoption of a convention banning reproductive cloning.

15. **Ms. Rasi** (Finland) said that her delegation, like other delegations, condemned all efforts to reproduce human beings by cloning as contrary to human dignity. Although there was a wide international consensus on the unacceptability of reproductive cloning, delegations were divided in their opinions on other types of cloning. To some, stem cell research constituted an unacceptable violation of human life, while others considered that it could potentially save human lives. Her delegation was among those which believed that therapeutic cloning had great potential for curing a wide range of serious illnesses involving damaged tissues. Therefore, it could not accept a solution aimed at a total prohibition of therapeutic cloning. The divergent views on therapeutic cloning were mainly due to different moral, ethical and religious values and convictions and were thus to be respected. Her delegation did not expect others to align their views on therapeutic cloning with its own, but it was of the utmost importance that the outcome of the Committee's work should be based on a solution acceptable to all. All delegations were aware that international conventions were often based on the lowest common denominator.

16. Her delegation was of the view that draft resolution A/C.6/59/L.8 represented a consensus solution. It expressly prohibited reproductive cloning, while providing various alternatives with regard to other forms of human cloning, permitting States parties either to ban them, impose a moratorium on them or regulate them by means of national legislation, imposing strict controls. In Finland, research on embryos was allowed to be performed only by licensed agencies, and each specific research project was first evaluated by an ethics committee. Research without prior approval by that committee was prohibited and criminalized. Although a sponsor of draft resolution A/C.6/59/L.8, her delegation was open to other proposals with a view to reaching a compromise solution.

17. **Sir Emyr Jones Parry** (United Kingdom) said that the United Kingdom was totally opposed to human reproductive cloning and had been one of the first countries in the world to ban it. It would support any initiative by the United Nations that would achieve an

effective global prohibition. However, the United Kingdom could not support any attempt to ban or unreasonably restrict cloning for research purposes, known as therapeutic cloning, which held enormous promise for new treatments for serious degenerative conditions that were currently incurable. In the United Kingdom, therapeutic cloning was allowed but was strictly regulated. No one could carry out embryo research without a licence from the regulatory body, and no research was allowed on embryos over 14 days old.

18. Opponents of therapeutic cloning argued that it was impossible to ban one type of cloning and not others. On the contrary, it was entirely possible to frame legislation that banned reproductive cloning only. The United Kingdom had done so successfully and was willing to share its legislation as a model. Another argument raised was that therapeutic cloning would require a limitless supply of eggs and that women would be exploited to provide them. That was not the case. The United Kingdom had created the first stem cell bank in the world, to which all researchers were required to donate a sample of their embryonic cell lines. The bank was able to grow more of the same cells and make them available to other researchers. Eventually the bank would store sufficient stem cell lines to provide a match for all the main human tissue types, so that it would not be necessary to create a new stem cell line for each person requiring treatment, and the number of lines needed would be small. A third argument cited was that adult stem cells could be used instead of embryonic stem cells. Although the United Kingdom supported research into all types of stem cells, it was already clear that there were some things that could be done with therapeutic cloning that could simply not be done with adult stem cells. For example, therapeutic cloning allowed for the creation of stem cell lines with specific genetic markers for diseases on which new drugs and new treatments could be tested.

19. His delegation recognized that embryo research and cloning raised important ethical issues. In the United Kingdom those issues had been debated for over 20 years, and its current position had been reached after extensive public and parliamentary discussion. Members of Parliament, freed from voting along party lines, had voted three to one to ban reproductive cloning but to allow therapeutic cloning, and opinion polls showed that over 70 per cent of the British public supported such research. The United Kingdom respected the cultural, social and religious differences that might lead other countries to a different conclusion with respect to therapeutic cloning, and it asked for the same respect in return. It would be wrong for the United Nations to attempt to override the position reached in the United Kingdom through its democratic processes.

20. His delegation was one of the sponsors of the Belgian draft resolution (A/C.6/59/L.8) because it would ban reproductive cloning, a point on which all delegations agreed, but would allow each country to decide for itself whether to ban therapeutic cloning or not. It embodied a position of mutual respect and tolerance for different national positions. The Costa Rican draft resolution (A/C.6/59/L.2), on the other hand, allowed for no difference of opinion and sought to impose a single dogmatic viewpoint on the rest of the world. If the United Nations were to elaborate a convention banning both therapeutic and reproductive human cloning, his delegation would not participate in the negotiations and would not sign the convention, and therapeutic cloning would continue to be permitted in the United Kingdom. The Committee had a choice. It could repeat the previous year's sterile stand-off, or it could agree to work on a convention to ban reproductive cloning, the one point on which all delegations agreed. Draft resolution A/C.6/59/L.8 offered a way forward.

21. **Mr. Póvoas** (Portugal) said that his delegation's position was based on the principle that every State had a duty to protect human life and the rights of its citizens. It understood that stem cells played a crucial role in cell replacement and might hold the key to a cure for many diseases. However, there were three main types of stem cells: embryonic stem cells taken from embryos five to six days old, with the resulting death of the embryo; stem cells of foetal origin, from the umbilical cord or foetal tissue; and stem cells from a variety of adult tissues. Portugal emphatically rejected the use of embryonic stem cells, finding the idea of creating and destroying human life for scientific research deeply disturbing. To use an embryo as a source of body cells was to treat the embryo purely functionally, as a resource and not as a reproductive entity. His delegation was also concerned that allowing therapeutic cloning with embryos would inevitably lead to other completely unacceptable forms of cloning. Moreover, it considered the social risks and dangers the procedure would entail in developing

countries, where millions of women might be offered money in exchange for their egg cells, to be totally unacceptable. Furthermore, so far there were no reports of patients having benefited from embryonic stem cell research. Adult stem cell research, of course, should be encouraged and allowed, and there was no reason not to investigate stem cells from umbilical cords. In such a sensitive matter, the interests of powerful financial groups or pharmaceutical companies must necessarily take second place.

22. In Europe a start had been made with the Council of Europe Convention on Human Rights and Biomedicine, which prohibited the production of embryos for research purposes, and its Additional Protocol of 1998 prohibiting the cloning of human beings. The Charter of Fundamental Rights of the European Union, adopted in 2000, prohibited the reproductive cloning of human beings, eugenic practices and the use of the human body and its parts as a source of financial gain.

23. Since the current purpose of the Committee was to approve a draft resolution containing a mandate for an ad hoc committee to negotiate an international convention against the reproductive cloning of human beings, his delegation supported the draft resolution introduced by Costa Rica (A/C.6/59/L.2).

24. **Mr. Sardenberg** (Brazil) said that, from the inception of the debate on cloning in the General Assembly, his delegation had consistently emphasized the need to reach a consensus formula accommodating different positions, in view of the importance of adopting a convention against reproductive cloning that would be broadly acceptable. Brazil supported the draft resolution introduced by Belgium (A/C.6/59/L.8) because it was both pragmatic and principled. It was practical because it recognized that the ethical considerations underpinning conflicting points of view were not likely to change in the near future; it was principled because it reflected the one basic point of consensus achieved so far, the notion that cloning for purposes of human reproduction was morally unacceptable.

25. It must be stressed that the proposed convention would not preclude the adoption of stricter standards at the national level. Although the adoption of such a convention could not be an absolute guarantee against the folly of some, it was vital that the international community should send a clear message that unethical behaviour in the domain of cloning would not be accepted. Equally important, it would provide support and stimulus for the development of specific legislation at the national level.

26. The most effective way to foil questionable practices was to foster scientific freedom to research and develop acceptable alternatives. Although adult stem cell research had promise, it was not clear that it could provide a satisfactory alternative to the use of embryonic stem cells. On the other hand, only further research would determine whether embryonic stem cells could be used in a manner that was scientifically sound and ethically acceptable. One should be cautious about suppressing scientific research, progress and knowledge on the grounds that they might be misused. In view of the potential of therapeutic cloning in the alleviation of suffering, his delegation thought that the moral grounds for condemning therapeutic cloning by equating it to a human rights issue were not clear-cut and that examination of the question would benefit from the provision of further information, particularly as to the curative potential of embryonic stem cells.

27. The scientific community and civil society in Brazil repudiated the use of embryos and DNA manipulation for eugenic purposes. His Government had been coordinating high-level scientific, ethical and legal meetings to discuss a regulatory framework concerning genetic manipulation, and the Congress was debating a federal bill on the issue.

28. The proposed international convention against the reproductive cloning of human beings was a timely initiative in response to announcements suggesting that experiments with human embryos were imminent in some countries. Nevertheless, despite the urgency, a decision on a matter of such importance required a solid scientific and ethical basis, and consensus was highly desirable, so that the future convention would be widely accepted.

29. **Mr. Menon** (Singapore) expressed his regret that the Committee had nothing to show for the past three years' work. There could be no unanimity of views on ethics and religious belief; moreover, new scientific discoveries posed challenges and provided opportunities that would be responded to differently by different societies. In some circumstances it was better to agree to disagree, but on matters that enjoyed consensus, swift action was needed.

30. In document A/C.6/59/INF/1, the Holy See maintained that "honesty suggests that if one specific course of research has already demonstrated conditions for success and raises no ethical questions, it should be pursued before embarking on another that has shown little prospect of success and raises ethical concerns". However, honesty could also be said to suggest that if the debate had already demonstrated consensus on the need to deal with one specific danger that raised ethical concerns — reproductive cloning — then its prohibition should be pursued before embarking on the divisive proposal to ban therapeutic cloning.

31. The specific course of research to which the Holy See referred, adult stem cell research, had already been pursued and was more advanced than the nascent field of embryonic stem cell research. The Holy See's document also displayed a certain anxiety that the new field was competing for resources. However, if resources were indeed moving away from adult stem cell research towards the new field, it was because that field held greater promise, owing to the fact that embryonic stem cells were "pluripotent"; they could reproduce any cell in the body.

32. The reality was that some wished to pursue adult stem cell research to the exclusion of embryonic stem cell research, whereas those who supported giving posterity a chance to benefit from therapeutic cloning did not advocate closing down the former field of research. Similarly, draft resolution A/C.6/59/L.8 was not the "opposite" of draft resolution A/C.6/59/L.2; if that were so, it would insist that all countries must allow therapeutic cloning.

33. Singapore supported draft resolution A/C.6/59/L.8 because it respected the right of States to decide for themselves on matters that did not yet enjoy international consensus. Those who advocated banning therapeutic cloning claimed that it was difficult, uncertain and raised ethical concerns. However, many valuable discoveries had resulted from difficult research. All scientific research was uncertain, requiring perseverance and patience, and research should not be banned merely because it was controversial. Such research should, of course, be conducted only under strict safeguards; Singapore had recently adopted legislation regulating stem cell research in a manner that its society found ethically acceptable and only after an extensive public consultation process.

34. At the heart of the problem was the definition of human life and the point at which it began. While those who opposed therapeutic cloning said that human life was created and destroyed during that process, another view, espoused by United States Senator Orrin Hatch (a Republican) was that there was no greater way to promote life than to find a way to defeat death and disease.

35. What troubled his delegation was that one group of States was trying to impose their value judgements on all States and that their inflexible, unconstructive attitude was preventing the international community from taking urgent action to outlaw reproductive cloning, to which the entire international community was opposed. If those States persisted in taking a divisive approach with a view to scoring short-term political gains, they might end up negotiating only among themselves, which was not the way to forge universal norms. Great harm would befall the United Nations if some States were to use such a precedent to push their viewpoint on other controversial issues through a vote rather than through the patient development of a consensus.

36. In closing, he paid a tribute to the courage of the late Christopher Reeve, whose hope had triumphed over the unfounded belief, fuelled by fear-mongering, that therapeutic cloning could not be regulated and who had believed that the benefit to society was worth the risk, since the unfertilized eggs used for therapeutic cloning would never leave the laboratory.

37. **Ms. Collet** (France) recalled that her delegation had joined Germany in proposing the inclusion of an item entitled "International convention against the reproductive cloning of human beings" in the agenda of the General Assembly.

38. On 6 August 2004, after a lengthy debate, the French Parliament had adopted legislation that banned reproductive cloning and created a new "offence against humankind", allowing violators who were French citizens or residents to be prosecuted even if the offence was committed outside French territory. The new Act also banned therapeutic cloning; however, it included a special five-year authorization of research on embryos for therapeutic purposes.

39. Her delegation was not advocating the preparation of an international instrument modelled on its own national legislation because, in its view, there was no universal consensus on banning all forms of

cloning and only an instrument with universal adherence could be effective. The past three years had shown that there was a clear consensus only on the banning of reproductive cloning and the threat of dangerous experimentation made it urgent to combat that practice, preferably through a convention. Separation of the two issues of reproductive and therapeutic cloning would not prevent States from banning all forms of cloning if they wished to do so; she encouraged the continuing exchange of information on national legislation and experience in such a complex area. For those reasons, her delegation was one of the sponsors of the draft resolution introduced by Belgium (A/C.6/59/L.8).

40. **Mr. Mishra** (India) said that while India considered reproductive cloning morally unacceptable and had banned it in 1997 through a set of ethical guidelines on medical research, a responsible State regulated the use of technology by striking a balance between ethical standards and social benefits. Somatic cell nuclear transfer should not be used to create a child because such research would be unethical and entailed unacceptable risks, but it could be used to free mankind from illness and debility.

41. The transfer of technology from developed to developing countries had become increasingly difficult as developing countries, especially those with a strong scientific and industrial base, faced overt and covert restrictions on their technological development and were prevented from pursuing autonomous research in certain areas. His delegation believed that every country had the right to choose its technological methods and procedures, so long as they did not violate universally accepted standards of human dignity. For those reasons, it could not accept the proposal contained in draft resolution A/C.6/59/L.2.

42. **Ms. Ramos Rodriguez** (Cuba) reiterated her delegation's view that the cloning of human beings was irresponsible, unethical and contrary to the values of Cuban society. However, therapeutic cloning had considerable scientific potential, provided that it was strictly regulated.

43. The draft resolution introduced by Belgium (A/C.6/59/L.8), of which Cuba was a sponsor, contained a viable, flexible and realistic proposal which would make possible scientific progress for the benefit of humanity with full respect for the integrity and dignity of the human person. She believed that there was a consensus on banning reproductive cloning and that it was urgent for the Committee to request the Ad Hoc Committee established under General Assembly resolution 56/93 to prepare a draft international convention against that practice.

44. **Mr. McIvor** (New Zealand) said that draft legislation prohibiting reproductive cloning was currently before New Zealand's Parliament. However, his Government was still considering the question of the use of cloning for therapeutic and research purposes; it planned to consult with scientists, ethicists and the public and was not in a position to prejudge the outcome of those consultations. For that reason, it was unable to support negotiations on a broader ban on cloning.

45. Any international legal instrument resulting from such negotiations would have value only if it was capable of receiving universal acceptance; moreover, the Committee had a longstanding tradition of action by consensus, which would be possible only if a graduated approach was adopted. He encouraged delegations to continue efforts to find such a solution during the current session.

46. **Ms. Morgan-Moss** (Panama) said that Panamanian law prohibited all forms of human cloning in the sense of creating an embryo that was a biological replica of a human being. Tissue for organ repair and other therapeutic purposes could be reproduced only from the umbilical cord of a newborn child or through any other scientific method developed solely for the benefit of a newborn child, its relatives or third parties with the consent of the person from whom the organic material was extracted or that person's legal representatives. Her delegation therefore supported the draft resolution introduced by Costa Rica (A/C.6/59/L.2).

47. **Mr. Jia** Guide (China) said that the past three years of unsuccessful deliberations had made the positions of all sides well known. His Government maintained its opposition to reproductive cloning and its support for therapeutic cloning; China had banned the former practice as counter to the laws of nature and a violation of human dignity whereas the latter, if properly regulated, had tremendous potential for saving lives and improving health.

48. The next logical step was the early conclusion of an international instrument embodying the existing consensus on banning the reproductive cloning of

human beings. His delegation had originally favoured an instrument that would ignore the question of therapeutic cloning; however, in the light of the concerns expressed by numerous countries, it had agreed to begin a separate consideration of ways of regulating therapeutic cloning once the convention against reproductive cloning had been concluded. In a major concession, it was now prepared to go one step further by withdrawing its objection to the inclusion of provisions on ways of regulating therapeutic cloning in a convention against reproductive cloning.

49. His delegation had taken that decision out of sympathy with some countries' concern that technology resulting from research into therapeutic cloning could be illegally applied to reproductive cloning and out of respect for the cultural, religious, ethical and moral specificities and customs of those countries. He urged all sides to rise above their differences in order to produce an outcome satisfactory to all.

50. **Mr. Dube** (Botswana), speaking on behalf of the States members of the Southern African Development Community (SADC) and the candidate country Madagascar, said he hoped that in the foreseeable future, the General Assembly would reach consensus on an international convention prohibiting all forms of reproductive human cloning, which was repugnant to all nations and an affront to human dignity. On the other hand, a case had been made within the scientific community concerning the need to consider the merits of research on embryos for therapeutic purposes.

51. While developing countries did not have the capacity for such research, they were committed to improving the lives of their people and were interested in the possibility that a cure for diseases such as Parkinson's and Alzheimer's and for spinal cord injuries could be found. In July 2004, African leaders had discussed the issue and had decided to instruct their Ministers of Health to meet and develop a common position on cloning.

52. At a special meeting in Pretoria on 2 and 3 August 2004, those ministers had considered the issues and processes involved: the moral, ethical and religious implications; the potential for economic exploitation of women; and the need for effective monitoring and regulatory frameworks. They had noted the challenges that the issue posed for developing countries and had approved the establishment of a standing committee of experts on human cloning for therapeutic purposes which would monitor the process globally; develop a legal, regulatory and policy framework and guidelines for the region; and ultimately become the SADC standing advisory body on the issue. That decision had been adopted by the SADC Council of Ministers, which would therefore refuse to be a party to any decision that would involve hasty action without measuring the potential benefits of cloning.

53. **Ms. Telalian** (Greece) said that draft resolution A/C.6/59/L.8 was a balanced and carefully drafted text that responded to the universal agreement on the need for a prohibition of the reproductive cloning of human beings, which posed a threat to human dignity. Indeed, any further delay in imposing such a prohibition could hinder the international community's efforts to prevent abuses.

54. The draft resolution did not advocate or encourage cloning for research or therapeutic purposes, nor did it exclude the possibility that a State might forbid all forms of human cloning. It took account of the legitimate diversity of views of a cultural, ethical, economic, scientific or religious nature. At the same time, it acknowledged that many countries imposed domestic standards to regulate and protect such practices, since, in their view, therapeutic cloning might prove beneficial to humankind, if carried out in an appropriate manner that fully respected human rights and values.

55. The draft resolution was also in line with developments at the regional level. The preamble to the Additional Protocol to the Council of Europe Convention on Human Rights and Biomedicine recognized that some cloning techniques might themselves advance scientific knowledge or its medical application. On that basis, some national bioethics committees, including that of her own country had interpreted the Protocol as providing that therapeutic cloning was exempt from the general prohibition of cloning for research purposes. Similarly, the draft resolution left it to individual States to decide whether or not to permit cloning for research or therapeutic purposes, at the same time emphasizing the need to establish a strict regulatory framework to eradicate any abuses. Independent committees comprising scientists, representatives of civil society and others should play a major role in dealing with the ethical issues involved, while the appropriate national bodies should be closely

associated in the process of authorizing and monitoring research activities.

56. Some form of international convention was urgently needed and she appealed to all delegations to demonstrate the necessary political will and flexibility to reach an acceptable solution. The draft resolution offered a realistic and feasible approach. Any other course of action would amount to no action at all, which would be regrettable.

57. **Mr. Kumalo** (South Africa) said that his delegation supported a ban on all forms of reproductive cloning of human beings and appealed to the Committee to adopt a resolution conveying the strong message that the United Nations was opposed to the practice. As for the issue of human cloning for therapeutic purposes, there was evidently a lack of knowledge among many countries, particularly within the African continent. South Africa had joined forces with the rest of the Southern African Development Community (SADC) in a quest for more information. The SADC Ministers of Health, meeting in August 2004, had decided to set up a standing committee of experts on human cloning for therapeutic purposes to advise them on how to proceed, as well as monitoring global trends and developing a regulatory and policy framework. In the meantime, he appealed for more time for deliberation. A decision that shut the door on future consideration of the issue should not be taken during the current session, in the hope that scientific research might offer the necessary answers on how to proceed. Although there was general agreement that reproductive human cloning should be banned, the Committee must remain sensitive to countries that were still gathering information on cloning for therapeutic purposes, which many argued held the hope of finding a cure or preventive treatment for cancer, Parkinson's disease, Alzheimer's disease, spinal cord injuries or HIV/AIDS.

58. **Mr. Chidyausiku** (Zimbabwe) drew the Committee's attention to the fact that agenda item 150 was entitled "International convention against the reproductive cloning of human beings". The discussion by some delegations of other types of cloning, including therapeutic cloning, strayed beyond the mandate allocated to the Committee.

59. A special briefing organized by the Permanent Mission of the Republic of Korea had thrown light on the remarkable medical possibilities offered by stem cell research and therapeutic cloning. Theoretically, stem cells could be used to grow replacement livers or hearts for transplant without fear of rejection by the body. They might even be used to create healthy nerve cells for people with Alzheimer's or Parkinson's disease. Skin cells could be derived from cloned healthy stem cells for the victims of severe burns.

60. While closer examination of the issue had shown that the cloning of humans for reproductive purposes was unethical, ungodly and undesirable, the fear of therapeutic cloning was akin to the alarm caused by the discoveries of Copernicus, the "heresy" of Luther or the first heart transplants by the South African surgeon Christiaan Barnard. His delegation's inclination would be to give therapeutic cloning a chance. Civilization would have achieved less than it had done if previous generations had stood in the way of scientific advances. The therapeutic potential of cloning human stem cells should surely be harnessed.

61. The meeting of the SADC Ministers of Health in August 2004 had expressed a clear and unanimous objection to human cloning for reproductive purposes but recommended the establishment of a standing committee of experts on human cloning for therapeutic purposes. More time for reflection and more research were needed before future generations were deprived of a potentially revolutionary medical discovery. The Committee should not be stampeded into a rash decision, nor should any decision on an issue of great importance be taken by ballot. Instead, the Committee should patiently build a broad consensus. His delegation therefore recommended that the issue should be deferred to the sixtieth session of the General Assembly.

62. *Mr. Dhakal (Nepal), Vice-Chairman, took the Chair.*

63. **Archbishop Migliore** (Observer for the Holy See) said that, despite the title of the agenda item, it appeared clear that the purpose of the proposed convention was to find a juridical framework that would permit and accelerate the advancement of the medical science in the procurement and use of stem cells, while identifying and banning practices that would be disrespectful to human dignity.

64. From a purely scientific point of view, the therapeutic progress already achieved with so-called adult stem cells, namely stem cells from bone marrow, core blood and other mature tissues, appeared

promising, whereas embryonic cloning was as yet far from delivering the progress claimed by its advocates. There had yet to be a definite clinical success using cloned embryonic stem cells, even in animal experiments, and the obstacles to safe experimentation on human beings with such cells might never be overcome.

65. The distinction sometimes drawn between reproductive and therapeutic cloning seemed specious. They involved the same technical procedure and both involved disrespect for the dignity of the human being. From an ethical and anthropological standpoint, the creation of human embryos with the intention of destroying them, even if undertaken with the goal of helping sick people in the future, seemed incompatible with respect for the dignity of the human being. Moreover, since cloned embryos would be indistinguishable from embryos created by in vitro fertilization and could regularly be implanted into wombs and brought to birth, it would be practicably impossible to enforce the prohibition of one type of cloning while permitting another.

66. Adult stem cell research should be pursued before embryos were cloned as a source for stem cells, an issue that remained problematic both scientifically and ethically. A distinction should be made between science that was ethically responsible and science that was not. There was solid scientific evidence that adult stem cell transplants were safe and that they could help people with Parkinson's disease, spinal cord injury, heart damage and many other conditions; yet the progress made would be halted or slowed down by the diversion of attention and resources towards the cloning of human beings as a potential source of stem cells.

67. A supranational body like the General Assembly, and the Committee in particular, was the proper forum for such deliberations, since the questions involved knew no boundaries and concerned the nature and existence of human life itself. The agenda item would be best addressed by a juridical instrument, since it was by the rule of law, based on right reason, that societies could regulate whatever appeared to challenge their fundamental notions of human life and dignity.

68. **Ms. Ikebe** (United Nations Educational, Scientific and Cultural Organization (UNESCO)) drew the Committee's attention to two UNESCO documents that were being made available to all delegations. One was a brochure entitled "Human Cloning: Ethical Issues", available in the six official languages of the United Nations, which provided information on cloning research as well as the ethical issues involved. The other document set out national legislation on human reproductive and therapeutic cloning. Produced in English and French, the document was regularly updated to provide Member States with information on regulations introduced in various countries. In that connection, she drew attention to the International Declaration on Human Genetic Data adopted by the General Conference of UNESCO at its thirty-second session, in October 2003. The Declaration focused on respect for human dignity. As the agency in the United Nations system entrusted with a mandate to work in the field of ethics, UNESCO was expected by Member States to set standards, which had resulted in the adoption not only of the Declaration but also, in 1997, of the Universal Declaration on the Human Genome and Human Rights. The General Conference had invited the Director-General to continue preparatory work on a declaration concerning universal norms on bioethics and to submit a draft declaration to the thirty-third session of the General Conference. Questionnaires had been sent out to States, non-governmental organizations and regional or intergovernmental organizations. With its experience in elaborating international texts relating to bioethical issues, UNESCO had the expertise to provide the Committee with assistance in elaborating an international convention against the reproductive cloning of human beings.

The meeting rose at 1 p.m.